WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract Number: 202106040 – 1

| Originating Department: | | | | | | 85 Health | | | | | | | |
|--|---|-------------------------------------|---|---|----------|--------------------------------------|---|---------------|-------------|---------------|-------------|--------------------|-------------|
| Originating Department: Division/Program: (i.e. Dept. Division and Program) | | | | | | 8550 Human Services / 855040 Housing | | | | | | | |
| Contract or Grant Administrator: | | | | | | Chris D'Onofrio | | | | | | | |
| Contractor's / Agency Name: | | | | | | Catholic Community Services | | | | | | | |
| Is this a New Contract | | ot, is this an An | nendn | nent c | or Rene | ewal | to an Existing (| • | | | | Yes ⊠ | No □ |
| Yes ☐ No ☒ If Amendment or Renewal, (per WCC | | | | | | | | | | | | | |
| Dana contract no su inc | • | | | | | | , ,, | | | | | | |
| Does contract require Already approved? | | | Yes [| <u> </u> | No [| ┛╢ | If No, include | | | | | | |
| Alleady approved? | ouricii Appro | Tale. | | | | | (Exclusions see: \ | Whatcom Co | ounty Codes | s 3.06.010, (| 3.08.09 | 90 and 3.08.10 | 0) |
| Is this a grant agreem | ent? | | | | | | | | | | | | |
| Yes □ No ▷ | 3 | If yes, grantor agency contract num | | | ber(s): | | | CFDA#: | | 14.231 | | | |
| Is this contract grant t | iundod2 | | | | | | | | | | | | |
| | this contract grant funded? Solution See S | | | | | | | | | | | | |
| 163 🖂 | | ii yes, whate | OIII C | ourity | yranı | COIT | ract number(s): 202008014 | | | | | | |
| Is this contract the res | | | | | | | | Contract Cost | | | | | |
| Yes ⊠ No □ |] If yes, | RFP and Bid n | umbe | r(s): | | 21-04 | 4 | | Center | • | 122 | 2200 / 12280 | 00 / 133 |
| Is this agreement excluded from E-Verify? No ☑ Yes □ | | | | | | | | | | | | | |
| If YES, indicate exclusi | on(s) below: | | | | | | | | | | | | |
| ☐ Professional ser | | nent for certific | ed/lice | ensec | profe | ssio | nal. | | | | | | |
| ☐ Contract work is f | or less than S | \$100,000. | | | | | ☐ Contract for Commercial off the shelf items (COTS). | | | | | | |
| ☐ Contract work is f | or less than 1 | 120 days. | | | | | ☐ Work related subcontract less than \$25,000. | | | | | | |
| ☐ Interlocal Agreem | ent (betweer | n Governments |). | | | | ☐ Public Works - Local Agency/Federally Funded FHWA. | | | | | | |
| Contract Amount:(sum | of original co | ntract amount | and | Cour | ncil app | rova | I required for; all | property lea | ses. contr | acts or bid | awar | ds exceedin | a \$40.000. |
| any prior amendments | | | u | | | | service contract | | | | | | |
| \$ 168,339 | , = | | | | | | amount, whichever is greater, except when: | | | | | | |
| This Amendment Amount: | | | | ising an option contained in a contract previously approved by the council. | | | | | | | | | |
| \$ 336,678 | | | 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs | | | | | | | | | | |
| Total Amended Amount: | | | approved by council in a capital budget appropriation ordinance.3. Bid or award is for supplies. | | | | | | | | | | |
| \$ 505,017 | | | Equipment is included in Exhibit "B" of the Budget Ordinance | | | | | | | | | | |
| | | | 5. Contract is for manufacturer's technical support and hardware maintenance of electronic | | | | | | | | | | |
| | | | | | | | nd/or technical su | | | | e from | the develope | er of |
| Cummon, of Cooper T | nia aantraat n | rovidos fundina | a for o | 200 10 | | | software current | | | | Llom | ologo Comilo | a Cantar |
| Summary of Scope: The in an effort to improve the summary of Scope: The in an effort to improve the summary of Scope: The summary of | | | | | | | | ssociation | with the v | vnalcom | HOIII | eiess Servic | e Center |
| in an enon to improve i | lousing stabl | illy and reduce | HOHE | 16221 | 1622 111 | VVIId | alcom County. | | | | | | |
| | | | | | | | | | | | | | |
| Term of Contract: | 1 Year | | | | | | Expiration Dat | ω. | 12/31/20 | 122 | | | |
| Tomi of Contract. | 1. Prepared | bv: | | JT | | | Expiration Dat | | 12/01/20 | Date: | 0.9 | /07/2021 | |
| Contract Routing: | | dget Approval | | KR/J | G | | | | | Date: | | /01/2021 | |
| • | | <u> </u> | | RB | <u> </u> | | | | | Date: | | /03/2021 | |
| 3. Attorney signoff: RB4. AS Finance reviewed: M Caldwell | | | | | | Date: | | /1/21 | | | | | |
| 5. IT reviewed (if IT related): | | | | | | Date: | + 1 | 11141 | | | | | |
| 6. Contractor signed:ps | | | | | | Date: | + | | | | | | |
| 7. Executive Contract Review: Sm | | | | | | | Date: | 12 | 2/14/2021 | | | | |
| 8. Council approved (if necessary): AB202 | | | 021. | -685 | | | Date: | 12 | 2/07/2021 | | | | |
| 9. Executive signed: | | | | I | | | | Date: | _ | 2/14/2021 | | | |
| | | · | | | | | | | | | | | |
| | 10. Original | io Councii: | | | | | | | | Date: | \perp | | |

Erika Lautenbach, Director

WHATCOM COUNTY Health Department



Amy Harley, MD, MPH, Co-Health Officer Greg Thompson, MD, MPH, Co-Health Officer

MEMORANDUM

TO: Satpal Sidhu, County Executive

FROM: Erika Lautenbach, Director

RE: Catholic Community Services – Housing Case Management Contract Amendment #1

DATE: December 9, 2021

Attached is a contract amendment between Whatcom County and Catholic Community Services for your review and signature.

Background and Purpose

This contract funds the provision of housing case management services for individuals and families that may be experiencing homelessness or residing in scattered units as well as staffed housing programs. The majority of clients served by this contract have a history of behavioral health disorders and/or medical problems that require intensive case management services. Case management improves housing stability and promotes housing retention, thereby reducing homelessness in Whatcom County. The purpose of this amendment is to extend the contract for an additional year and increase funding based on an annual budget rather than the previously approved 6-month budget.

Funding Amount and Source

Funding for this contract, in an amount not to exceed \$336,678, is provided by local document recording fees, HB 1590 and the Washington State Department of Commerce Emergency Solutions COVID-19 Grant (CFDA 14.231). These funds will be included in the 2022 budget. Council approval is required as funding for this extended contract period exceeds 10% of the approved budget.

Please contact Ann Beck, Human Services Supervisor at 360-778-6055 (<u>ABeck@co.whatcom.wa.us</u>) or Kathleen Roy, Assistant Director at 360-778-6007 (<u>KRoy@co.whatcom.wa.us</u>), if you have any questions or concerns regarding this request.



Whatcom County Contract Number:

202106040 - 1

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

Whatcom County
Whatcom County Health Department
509 Girard Street

Bellingham, WA 98225

AND CONTRACTOR: Catholic Community Services 1918 Everett Avenue Everett, WA 98201

CONTRACT PERIODS:

Original: 07/01/2021 – 12/31/2021 Amendment #1: 01/01/2022 – 12/31/2022

THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO

DESCRIPTION OF AMENDMENT:

- 1. Extend the duration and other terms of this contract for 1 year, as per the original contract "General Terms, Section 10.2, Extension".
- 2. Amend Exhibit B Compensation, to reflect a 1-year budget for the extended contract period.
- 3. Funding for this contract period (01/01/2022 12/31/2022) is not to exceed \$336,678.
- 4. Funding for the total contract period (07/01/2021 12/31/2022) is not to exceed \$505,017.
- 5. All other terms and conditions remain unchanged.
- 6. The effective start date of the amendment is 01/01/2022.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

| Docusigned | 12/9/2021 | | | |
|--|---------------------------|------------|--|--|
| APPROVAL AS TO PROGRAM:2B365BB042 | | | | |
| Ann Be | Date | | | |
| DEPARTMENT HEAD APPROVAL: 955065 | 12/13/2021 | | | |
| Erika L | Date | | | |
| APPROVAL AS TO FORM: Koyu Bukil | ngliam | 12/13/2021 | | |
| | ham, Prosecuting Attorney | Date | | |
| FOR THE CONTRACTOR: Docusigned by: Will Kicc 6231CF1A8D3A415 | Will Rice, Vice President | 12/14/2021 | | |
| Contractor Signature | Print Name and Title | Date | | |
| FOR WHATCOM COUNTY: DocuSigned by: | | | | |
| Satpal Single Sidler | | 12/14/2021 | | |
| Satpal Singh Sidhu, County Executive | Date | | | |

CONTRACTOR INFORMATION:

Catholic Community Services 1918 Everett Avenue Everett, WA 98201 willr@ccsww.org

Exhibit B – Amendment #1 (COMPENSATION)

I. <u>Source of Funding and Budget</u>: The source of funding for this contract, in an amount not to exceed \$336,678, is local document recording fees, HB 1590, and the Washington State Department of Commerce Emergency Solutions COVID-19 Grant (CFDA 14.231). COMMERCE and the State of Washington are not liable for claims or damages arising from Subcontractor's performance of this contract. The budget for this contract is as follows:

| *Cost Description (Funded by | Documents Required with Invoices | Budget | | | |
|--|---|-----------|--|--|--|
| Document Recording Fees): | | | | | |
| Housing Case Managers | Approved Composite Billing Rate Worksheet for each staff | \$229,390 | | | |
| Homeless Housing Program Director | member and timesheets for the period. | \$17,598 | | | |
| Supplies | GL Detail | \$2,400 | | | |
| Cell Phone/Data Processing/IT Support | GL Detail | \$5,607 | | | |
| Mileage | Mileage log to include: name of staff member, date of travel, starting point and destination of travel, number of miles traveled, federal reimbursement rate (per www.gsa.gov) and a brief description of the purpose of travel | \$6,000 | | | |
| Travel/Training | Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts. Reimbursement requests for allowable travel must include name of staff member, dates of travel, starting point and destination, brief description of the purpose. Receipts for registration fees or other documentation of professional training expenses. Lodging and meal costs for training are not to exceed the U.S General Services Administration Domestic Per Diem Rates (www.gsa.gov), specific to location. Receipts for meals are not required. | \$3,750 | | | |
| Occupancy | GL Detail | \$4,176 | | | |
| Rental History/Background Checks | GL Detail | \$900 | | | |
| Flex Funds | Flex Fund Spreadsheet plus copies of receipts | \$1,000 | | | |
| | SUBTOTAL | \$270,821 | | | |
| **Indirect Costs (Document Recording Fee Funds) @ 13.3% | | | | | |
| | Document Recording Fee Funding Total | \$306,840 | | | |
| Cost Description (Funded by ESG-CV) |): | Budget | | | |
| Case Aide | Approved Composite Billing Rate Worksheet for each staff member and timesheets for the period. | \$25,676 | | | |
| Cell Phone & Data Plan for Case Aide | GL Detail | \$658 | | | |
| | SUBTOTAL | \$26,334 | | | |
| **Indirect Costs (ESG-CV Funds) @ 7% | | | | | |
| | ESG-CV Funding Total | \$28,178 | | | |
| **Indirect Costs from Document Recording Fees to Supplement ESG-CV Indirect (6.3%) | | | | | |
| | TOTAL BUDGET: | \$336,678 | | | |

^{*}Changes to the line item budget that exceed 10% of the line item amount must be approved in writing by the County.
**Indirect costs shall not exceed the currently approved indirect cost allocation plan.

II. Invoicing:

- 1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 15th of the month, following the month of service. Invoices submitted for payment must include the items identified in the table above.
- The Contractor shall submit invoices to HL-BusinessOffice@co.whatcom.wa.us.
- 3. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The county may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.
- 4. Invoices must include the following statement, with an authorized signature and date:
 - I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.
- 5. <u>Duplication of Billed Costs or Payments for Service</u>: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.